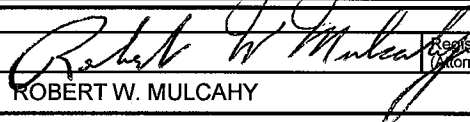


Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

|  |      |                          |                     |                         |
|--|------|--------------------------|---------------------|-------------------------|
| Effective on 12/08/2004.<br>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).<br><h2 style="text-align: center;">FEE TRANSMITTAL</h2> <h3 style="text-align: center;">For FY 2008</h3> |      | <b>Complete if Known</b> |                     |                         |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27   |      | Application Number       | 09/728,038          |                         |
|  |      | Filing Date              | December 1, 2000    |                         |
|  |      | First Named Inventor     | Hung Chen           |                         |
|  |      | Examiner Name            | Alvin J. Grant      |                         |
|  |      | Art Unit                 | 3723                |                         |
| TOTAL AMOUNT OF PAYMENT  | (\$) | 210                      | Attorney Docket No. | APPM/003778/CMP/CMP/RKK |

|  |  |
|--|--|
| <b>METHOD OF PAYMENT</b> (check all that apply)  |  |
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ |  |
| <input checked="" type="checkbox"/> Deposit Account    Deposit Account Number: 50-1074/003778/CMP/CMP/RKK    Deposit Account Name: APPLIED MATERIALS, INC.                                     |  |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)   |  |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee  |  |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments             |  |

|   |                     |   |                      |                     |                                  |                      |                       |
|---|---------------------|---|----------------------|---------------------|----------------------------------|----------------------|-----------------------|
| <b>FEE CALCULATION</b>  |                     |   |                      |                     |                                  |                      |                       |
| <b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>  |                     |   |                      |                     |                                  |                      |                       |
|   | <b>FILING FEES</b>  |   | <b>SEARCH FEES</b>   |                     | <b>EXAMINATION FEES</b>          |                      |                       |
|   |                     | <u>Small Entity</u>                                     |                      | <u>Small Entity</u> |                                  | <u>Small Entity</u>  |                       |
| <b>Application Type</b>   | <b>Fee (\$)</b>     | <b>Fee (\$)</b>   | <b>Fee (\$)</b>      | <b>Fee (\$)</b>     | <b>Fee (\$)</b>                  | <b>Fee (\$)</b>      | <b>Fees Paid (\$)</b> |
| Utility   | 310                 | 155   | 510                  | 255                 | 210                              | 105                  |                       |
| Design  | 210                 | 105   | 100                  | 50                  | 130                              | 65                   |                       |
| Plant   | 210                 | 105   | 310                  | 155                 | 160                              | 80                   |                       |
| Reissue   | 310                 | 155   | 510                  | 255                 | 620                              | 310                  |                       |
| Provisional   | 210                 | 105   | 0                    | 0                   | 0                                | 0                    |                       |
| <b>2. EXCESS CLAIM FEES</b>   |                     |   |                      |                     |                                  |                      |                       |
| <b>Fee Description</b>  |                     |   |                      |                     |                                  | <b>Small Entity</b>  |                       |
|   |                     |   |                      |                     |                                  | <b>Fee (\$)</b>      | <b>Fee (\$)</b>       |
| Each claim over 20 (including Reissues)   |                     |   |                      |                     |                                  | 50                   | 25                    |
| Each independent claim over 3 (including Reissues)  |                     |   |                      |                     |                                  | 210                  | 105                   |
| Multiple dependent claims   |                     |   |                      |                     |                                  | 370                  | 185                   |
| <b>Total Claims</b>   | <b>Extra Claims</b> | <b>Fee (\$)</b>   | <b>Fee Paid (\$)</b> |                     | <b>Multiple Dependent Claims</b> |                      |                       |
|   | - 20 = 0            | x   |                      |                     | <b>Fee (\$)</b>                  | <b>Fee Paid (\$)</b> |                       |
| HP = highest number of total claims paid for, if greater than 20.   |                     |   |                      |                     |                                  |                      |                       |
| <b>Indep. Claims</b>  | <b>Extra Claims</b> | <b>Fee (\$)</b>   | <b>Fee Paid (\$)</b> |                     |                                  |                      |                       |
| 1 NEW   | - 3 = 0             | x 210   | = 210                |                     |                                  |                      |                       |
| HP = highest number of independent claims paid for, if greater than 3.  |                     |   |                      |                     |                                  |                      |                       |
| <b>3. APPLICATION SIZE FEE</b>  |                     |   |                      |                     |                                  |                      |                       |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |                     |   |                      |                     |                                  |                      |                       |
| <b>Total Sheets</b>   | <b>Extra Sheets</b> | <b>Number of each additional 50 or fraction thereof</b> |                      |                     | <b>Fee (\$)</b>                  | <b>Fee Paid (\$)</b> |                       |
|   | - 100 =             | / 50 =  |                      |                     | (round up to a whole number) x   |                      |                       |
| <b>4. OTHER FEE(S)</b>  |                     |   |                      |                     |                                  |                      |                       |
| Non-English Specification, \$130 fee (no small entity discount)   |                     |   |                      |                     |                                  |                      |                       |
| Other (e.g., late filing surcharge):  |                     |   |                      |                     |                                  |                      |                       |

|                     |   |                                   |                |
|---------------------|---|-----------------------------------|----------------|
| <b>SUBMITTED BY</b> |   |                                   |                |
| Signature           |  | Registration No. (Attorney/Agent) | 25,436         |
| Name (Print/Type)   | ROBERT W. MULCAHY   | Telephone                         | (713) 623-4844 |
|                     |   | Date                              | April 30, 2008 |